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## BIB DATA SHEET

CONFIRMATION NO. 2585

<b>SERIAL NUMBER</b> 10/663,554	<b>FILING or 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> 31132.172	
<b>APPLICANTS</b> Bret M. Berry, Jacksonville, FL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/412,730 09/23/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/09/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JAMES L SWIGER III/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Medtronic Attn: Noreen C. Johnson, IP Legal Department 2600 Sofamor Danek Drive Memphis, TN 38132 UNITED STATES					
<b>TITLE</b> Expansion tool for adjustable spinal implant					
<b>FILING FEE RECEIVED</b> 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		